1. Patient Care Information Support (Clinical Care)

Responsibilities

Identify efficient, cost-effective and helpful ways for clinicians to share information that enables patients to get the right care in the right way at the right time.

Identify action strategies to achieve the goal of relevant and important electronic health information availability at the point of care for all providers and patients in Wisconsin within 5 years or as soon as practicable.

Design strategies to promote the adoption of electronic health records and decision support systems that are useful and used by clinical care providers as well as cost-effective for health care delivery systems.

Assignment:

1) Define criteria (such as reach, feasibility and impact) to prioritize the key product types (such as Continuity of Care record or other abstract of medical history information, clinical care – public health business interoperability, e-Prescribe, use of statewide guidelines) and identify and prioritize the key product types to be implemented in the Action Plan

2) Define use case examples (real world examples) that are appropriate for the first key products.

3) Develop information on current use of electronic health records in Wisconsin

4) Identify positive opportunities and barriers to wider adoption of electronic health information systems in all types of medical care settings. Recommend strategies to take advantage of opportunities and overcome barriers to foster statewide adoption.

5) Coordinate and give input to other work groups.

6) Present findings, analysis, and recommendations to the board at the August 3 meeting.

2. Information Exchange

Responsibilities

Develop and implement a technical infrastructure that meets clinical care requirements and will support the federal initiative of interoperable, real-time electronic health data exchange based on national standards.

Enhance and facilitate the use of patient care data for appropriate public health disease surveillance, outbreak detection, trending and health protection efforts.

Link the medical information to public health information initiatives in ways that are effective and efficient for both health care delivery and public health.

Assignments:

1) Discuss and document different options/examples of technical architectures used by health information exchanges and the best uses of each.

2) Identify technical options and their advantages and disadvantages for a statewide ehealth infrastructure.

3) Complete an inventory of existing state technical infrastructure resources to increase the understanding of what infrastructure resources can be leveraged.

4) Recommend a process inclusive of the appropriate groups and organizations to establish technology design guidelines including compliance with national standards.

5) Recommend policies and practices to promote availability of health information across medical care settings that can be promoted short term, before full deployment of interoperable, real-time data exchanges are feasible.

6) Create technical requirements based on business and clinical use cases required for the first key product types such as the use of data and messaging standards, business intelligence, user authentication and an approach to a patient index.

7) Coordinate and give input to other work groups.

8) Present findings, analysis, and recommendations to the board at the August 3, 2006 meeting.

3. Consumer Interests

Responsibilities

Ensure that initiatives are customer-focused

Develop recommendations for serving consumer health information needs including for ensuring privacy and security in the use of electronic health records and in the exchange of information from these systems

Fulfill responsibilities required by the state's contract with RTI for the Health Information Privacy and Security Collaboration.

Assignments:

1) Understand consumer expectations regarding eHealth data exchange and identify desired outcomes and options to meet them so that consumers are well prepared to manage their own health care and to advocate for themselves as they use health care services.

2) Assess variation in organizational level business policies and state laws.

      a. Document real and perceived legal barriers that could hinder an eHealth data exchange for different purposes, including for treatment, self-management, payment functions, quality improvement, public health and research.

      b. Conduct a survey to inventory all data exchanges now underway or planned with annual updates planned to update this information. This will include determining what privacy and security business issues exist and have been resolved or are pending resolution, which will provide excellent baseline information for the HIPSC work.

3) Develop "Interim Assessment of Variation Report" for RTI by 8/25/06.

4) Formulate interim solutions and implementation plan for RTI.

      a. Define acceptable and unacceptable data use policies for oversight purposes including for public health, research and to maintain privacy and security including agreements for patient consent and use of data, including whether patients will be permitted to opt-out of having their information in the exchange and how they will access their own data.

b. Make recommendations on whether health information with special protections will be included in eHealth data exchange (such as information about mental health, alcohol and drug abuse treatment, communicable diseases and genetic testing) and potential limits required on the use and disclosure of that special information.

c. Identify specific legal actions required for the priorities recommended by the clinical care work team, including whether statutory or regulatory amendments are needed and identify practical, non-technical strategies and solutions for developing eHealth data exchange that will ensure the secure and confidential transmission of personal and medical information.

5) Formulate interim solutions and implementation plan for RTI.

6) Develop Interim Analysis of Solutions Report for RTI by 10/16/06.

7) Develop Interim Implementation Plan Report for RTI by 11/16/06.

8) Coordinate and give input to other eHealth work groups.

9) Present findings, analysis, and recommendations to the eHealth Board at their meetings in August and November 2006 and in early 2007.

10) Incorporate preliminary findings and recommendations into eHealth Action Plan for Governor Doyle by 12/1/06.

11) Prepare final Assessment and Analysis Report for RTI by 2/15/06.

12) Prepare final State Implementation Report for RTI by 2/15/06.

4. Financing

Responsibilities

Develop options for funding electronic health records in all size health care settings and for the operation of a statewide public-private health information infrastructure.

Assignments:

1) Articulate the value on investment and the business case for investment in health information exchange.

2) Identify existing and potential funding sources to support development of the ehealth infrastructure

3) Examine approaches and successful examples of financial strategies to increase adoption of health information technology and e-health data exchange from within the state and from other regions.

4) Propose financing strategies for funding health information technology and e-health for both start-up and long term including the appropriate roles of the public and private sectors.

5) Identify specific financial actions required to support the first key product types (as identified by the Patient Care work group and approved by the Board), provide an estimate for the total cost of implementation of the first key product types and for total cost of implementation of the Wisconsin Action Plan.

6) Coordinate and give input to other work groups.

7) Present findings, analysis, and recommendations to the board at the August 3, 2006 meeting.

5. Governance

Responsibilities

Develop an organizational and governance structure for the statewide health information exchange.

Assure good communication across stakeholders about the e-health initiative and expected benefits.

Assignments:

1) Examine successful examples of governance strategies used by working health information exchange initiatives.

2) Define a structure and approach that effectively attracts and retains participants and defines roles/responsibilities of a public-private collaborative.

3) Determine how best to build on the existing health information infrastructure in Wisconsin.

4) Discuss legal barriers and incentives associated with various governance models including legal agreement for all suppliers of data and liability protection for participants.

5) Create a communications plan conveys accurate and useful information about the e-health initiative uses existing communication channels and creates new channels as needed and presents information in a timely and efficient manner.

6) Coordinate and give input to other work groups.

7) Present findings, analysis, and recommendations to the board at the November 14, 2006 meeting.